Healthy Child Manitoba Office

Annual Report
2004 - 2005

Manitoba

106-01436/

Manitoba

September 2005

His Honour John Harvard
Lieutenant Governor
Province of Manitoba

May It Please Your Honour:

I have the pleasure of presenting for the information of Your Honour the Annual Report of Manitoba's Healthy Child Manitoba Office for the year 2004/05.

Respectfully submitted,

Theresa Oswald
Minister, Healthy Living
Chair, Healthy Child Committee of Cabinet

Healthy Child Manitoba

A partnership of
Manitoba Healthy Living · Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage and Tourism · Manitoba Education, Citizenship and Youth · Manitoba Family Services and Housing · Manitoba Health · Manitoba Justice · Status of Women

Manitoba

September 2005

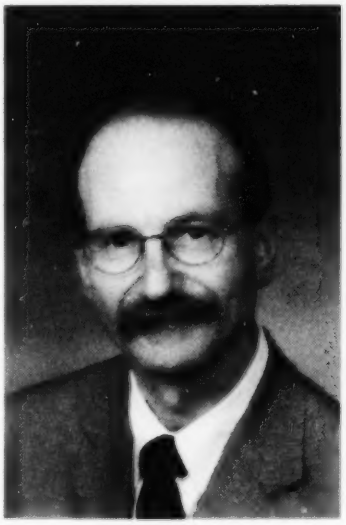
Theresa Oswald
Chair, Healthy Child Committee of Cabinet
310 Legislative Building

Madam:

I have the honour of presenting to you the 2004/05 Annual Report of the Healthy Child Manitoba Office.

This report reflects Healthy Child Manitoba's continued commitment to facilitate child-centred public policy. In 2004/05, Healthy Child Manitoba's activities and achievements included:

- continuing to integrate the BabyFirst and Early Start programs across the province. The integrated program, Families First, provides a continuum of home visiting services to families with children from pre-natal to school entry;
- increasing the number of women and families receiving home visiting supports by over 200;
- strengthening primary health care services at the Elmwood Teen Clinic. The Elmwood Teen Clinic is an after-hours, school-based teen clinic at Elmwood High School that addresses the general health and well-being including reproductive health issues of teenagers and others in the community.
- continuing support for FASD prevention and education activities and intervention and support services;
- supporting the further development of the Francophone Early Childhood Development – Hub Model, a comprehensive and co-ordinated approach to planning and delivering services to Francophone children under the age of 6 years and their families.
- facilitating ongoing dialogue across Manitoba's Parent-Child Centred Coalitions through the Council of Coalitions; and
- advancing the Healthy Child Manitoba Provincial Research and Evaluation Strategy.



The Healthy Child Manitoba Office continues to work toward the best possible outcomes for Manitoba's children.

Respectfully submitted,

Milton Sussman
Chair, Healthy Child Deputy Ministers' Committee

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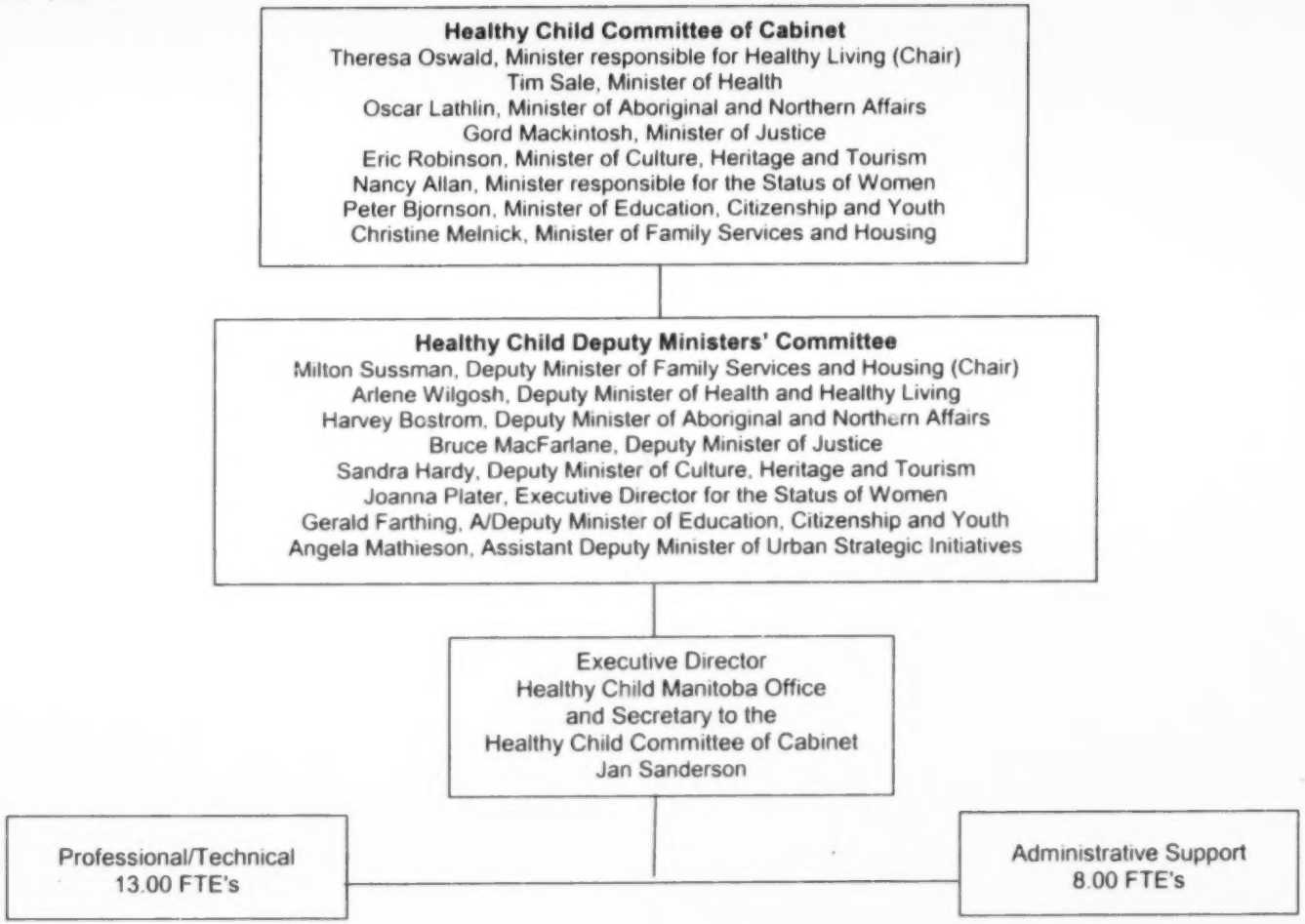
HEALTHY CHILD MANITOBA
ORGANIZATION CHART
March 31, 2005


Healthy Child Committee of Cabinet
Theresa Oswald, Minister responsible for Healthy Living (Chair)
Tim Sale, Minister of Health
Oscar Lathlin, Minister of Aboriginal and Northern Affairs
Gord Mackintosh, Minister of Justice
Eric Robinson, Minister of Culture, Heritage and Tourism
Nancy Allan, Minister responsible for the Status of Women
Peter Bjornson, Minister of Education, Citizenship and Youth
Christine Melnick, Minister of Family Services and Housing
Healthy Child Deputy Ministers' Committee
Milton Sussman, Deputy Minister of Family Services and Housing (Chair)
Arlene Wilgosh, Deputy Minister of Health and Healthy Living
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Bruce MacFarlane, Deputy Minister of Justice
Sandra Hardy, Deputy Minister of Culture, Heritage and Tourism
Joanna Plater, Executive Director for the Status of Women
Gerald Farthing, A/Deputy Minister of Education, Citizenship and Youth
Angela Mathieson, Assistant Deputy Minister of Urban Strategic Initiatives
Executive Director
Healthy Child Manitoba Office
and Secretary to the
Healthy Child Committee of Cabinet
Jan Sanderson
Professional/Technical
13.00 FTE's
Administrative Support
8.00 FTE's

PREFACE

Report Structure

The Annual Report is organized in accordance with the appropriation structure of the Healthy Child Manitoba Office, which reflects the authorized votes approved by the Legislative Assembly. The report includes information at the Main and Sub-appropriation levels relating to the department's objectives, actual results achieved, financial performance and variances, and provides a five-year historical table of expenditures and staffing. Expenditures and revenue variance explanations previously contained in the Public Accounts of Manitoba are now provided in the Annual Report.

Mandate

Within Manitoba's child-centred public policy framework, founded on the integration of economic justice and social justice, and led by the Healthy Child Committee of Cabinet, the Healthy Child Manitoba Office works across departments and sectors to facilitate a community development approach to improve the well-being of Manitoba's children, families and communities.

Background

In March 2000, the Manitoba government established Healthy Child Manitoba and the Premier created the Healthy Child Committee of Cabinet. The Chair, appointed by the Premier, during 2004/05 was Minister of Healthy Living, Jim Rondeau at the outset of the fiscal year, followed by the appointment of Minister Theresa Oswald. The Healthy Child Committee of Cabinet develops and leads child-centred public policy across government and ensures interdepartmental cooperation and coordination with respect to programs and services for Manitoba's children and families. As one of a select number of committees of Cabinet, the committee signals healthy child and adolescent development as a top-level policy priority of government.

The Healthy Child Committee of Cabinet meets on a bi-monthly basis. It is the only Cabinet committee in Canada that is dedicated to children and youth.

Healthy Child Committee of Cabinet

Theresa Oswald, Minister responsible for Healthy Living (Chair)
Tim Sale, Minister of Health
Oscar Lathlin, Minister of Aboriginal and Northern Affairs
Gord Mackintosh, Minister of Justice
Eric Robinson, Minister of Culture, Heritage and Tourism
Nancy Allan, Minister responsible for the Status of Women
Peter Bjornson, Minister of Education, Citizenship and Youth
Christine Melnick, Minister of Family Services and Housing

Directed by the Healthy Child Committee of Cabinet, the Deputy Ministers of eight government partners share responsibility for implementing Manitoba's child-centred public policy within and across departments, and ensure the timely preparation of program proposals, implementation plans and resulting delivery of all initiatives. Chaired by the Deputy Minister of Family Services and Housing, the Healthy Child Deputy Ministers' Committee meets on a bi-monthly basis.

Healthy Child Deputy Ministers' Committee

Milton Sussman, Deputy Minister of Family Services and Housing (Chair)
Arlene Wilgosh, Deputy Minister of Health and Healthy Living
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Bruce MacFarlane, Deputy Minister of Justice
Sandra Hardy, Deputy Minister of Culture, Heritage and Tourism
Joanna Plater, Executive Director for the Status of Women
Gerald Farthing, A/Deputy Minister of Education, Citizenship and Youth
Angela Mathieson, Assistant Deputy Minister of Urban Strategic Initiatives

The Healthy Child Manitoba Office, in addition to its primary functions in research, program and policy development and evaluation also provides secretariat services to the Healthy Child Committee of Cabinet and the Healthy Child Deputy Ministers' Committee.

Healthy Child Manitoba Vision

The best possible outcomes for Manitoba's children.

Objectives

The major responsibilities of Healthy Child Manitoba are to:

- research, develop, fund and evaluate innovative initiatives and long-term strategies to improve outcomes for Manitoba's children;
- coordinate and integrate policy, programs and services across government for children, youth and families using early intervention and population health models;
- increase the involvement of families, neighbourhoods, and communities in prevention and early childhood development services through community development; and
- facilitate child-centred public policy development, knowledge exchange and investment across departments and sectors through evaluation and research on key determinants and outcomes of children's well-being.

MAJOR ACTIVITIES AND ACCOMPLISHMENTS

The Healthy Child Manitoba Office (HCMO) coordinates the Manitoba government's long-term, cross-departmental strategy to support healthy child and adolescent development. During 2004/05, the HCMO continued to improve and expand Manitoba's network of programs and supports for children, youth and families. Working across departments and with community partners, the HCMO is committed to putting the interests of children and families first and to building the best possible future for Manitoba through two major activities: (a) program development and implementation; and (b) policy development, research and evaluation.

During 2004/05 Healthy Child Manitoba was directed by Treasury Board to undertake, with partner departments and Treasury Board Secretariat staff, the development of an Early Childhood Development (ECD)-Centred Estimates Process. A project team was established, co-chaired by HCMO and Treasury Board Secretariat, and a report was provided to Treasury Board on November 12, 2004. The project team identified an inventory of ECD programs and expenditures, the development of ECD Review Principles (or ECD "Lens") and its application to the inventory and preliminary indication of the evaluation capacity.

Treasury Board noted the progress made and directed further development of the ECD Estimates process over the coming year.

PROGRAM DEVELOPMENT AND IMPLEMENTATION

The well-being of Manitoba's children and youth is a government-wide priority. Program activities within the HCMO continued to focus on the five core commitments of the Healthy Child Committee of Cabinet: parent-child centres; prenatal and early childhood nutrition; fetal alcohol syndrome (FAS) prevention, nurses in schools and adolescent pregnancy prevention. Since 2000, these commitments have evolved and expanded, and become known as:

- Parent-Child Centred Approach
- Healthy Baby
- Fetal Alcohol Spectrum Disorder (FASD) Prevention and Support
- Healthy Schools
- Healthy Adolescent Development

Program development and implementation are supported by the Healthy Child Interdepartmental Program and Planning Committee, which includes officials from the eight government partners, as well as the Community and Economic Development Committee of Cabinet and Manitoba Intergovernmental Affairs and Trade (Neighbourhoods Alive! program). Chaired by the HCMO, the committee works to coordinate and improve programs for children and youth across departments.

Parent-Child Centred Approach

Based on the knowledge that community development can improve children's lives for the better, the parent-child centred approach brings together parents, community organizations, school divisions and health professionals through regional and community coalitions that support parenting, improve children's nutrition and literacy and build capacity for helping families in their own communities. Each parent-child coalition plans community activities based on local needs, determined through community consultation. The regions are organized along the 10 regional health authority (RHA) boundaries outside Winnipeg, and the 12 Community Areas within Winnipeg.

Healthy Child Manitoba supports 26 parent-child coalitions which operate across the province including: Brandon, Burntwood, Central, Churchill, Interlake, North Assiniboine, Nor-Man, North Eastman, Parkland, South Eastman and South Assiniboine in rural and northern regions; and Assiniboine South, Downtown, Fort Garry, Inkster, Point Douglas, River East, River Heights, Seven Oaks, St. Boniface, St. James, St. Vital and Transcona in Winnipeg. Three cultural organizations receive parent-child funding: Coalition francophone de la petite enfance; Indian & Métis Friendship Centre of Winnipeg Inc.; and Manitoba Association of Friendship Centres.

Each parent-child coalition plans activities based on local community capacity and need. A variety of service delivery approaches are used and a wide range of activities offered. Examples include: centre-based models such as family resource centres and school hub models; home-based models such as home visiting programs and outreach services; and mobile services such as book and toy lending programs. Activities emphasize support to families through parenting, family literacy and nutrition programs and a variety of parent-child programs.

An important goal of the parent-child centred approach is to demonstrate the impact of these initiatives through a common framework for measuring and monitoring program outcomes. Following extensive consultation with parent-child coalitions, the evaluation framework was presented at the second annual parent-child evaluation forum in the fall of 2002. Process surveys of parent-child coalitions and parent-

child programs were developed with coalition representatives and distributed in late spring 2003. Initial survey results were presented and discussed in November 2004.

Intersectoral Co-operation on Early Childhood Development (ECD)

The HCMO is responsible for Manitoba's implementation of the commitments in the September 2000 First Ministers' Meeting Communiqué on **Early Childhood Development (ECD)**. This endeavour is led by the Federal/Provincial/Territorial (F/P/T) ECD Working Group and includes public reporting in all jurisdictions across Canada (except Québec) regarding ECD investments, activities and outcomes of children's well-being, and the development of intersectoral partnerships for exchanging ECD knowledge, information and effective practices.

Manitoba released its first comprehensive public report on ECD at the provincial Summit on ECD, held on National Child Day, November 20, 2002: *Investing in Early Childhood Development: 2002 Progress Report to Manitobans*. The report reflects the commitment Manitoba shares with governments across the country to improve supports for children and report publicly to constituents on progress, as set out in the September 2000 *Federal / Provincial / Territorial Early Childhood Development Agreement*. The document outlines the major provincial ECD programs and the progress achieved, working with community groups, to strengthen families and build healthy communities. It also points out the complex challenges that continue to face some of Manitoba's children and families and identifies the protective factors such as positive parenting and reading with children, which need to be promoted.

Manitoba's second ECD report was released in summer 2004. This second report also met the public reporting commitments of the March 2003 Multilateral Framework on Early Learning and Child Care (ELCC) and showcased Manitoba's Child Day Care program.

Manitoba Strategy on High Risk/Vulnerable Children and Youth (Sexually Exploited Children and Youth Mentoring Program)

In December 2003, a committee was established to implement the Manitoba strategy to address the issue of sexual exploitation of children and youth through prevention and intervention activities. Led by Family Services and Housing, the committee has representation from several government partners and external agencies such as New Directions for Children, Youth and Families (New Directions), RESOLVE Manitoba, Thunderbird House and Child Find Manitoba. The HCMO, in partnership with New Directions, has been assigned the lead coordinating role in developing an intensive mentoring program for youth who are currently being sexually exploited. Healthy Child Manitoba will contribute funds towards the cost of evaluation.

Healthy Baby

In July 2001, Healthy Child Manitoba introduced Healthy Baby, a two-part program that includes the Manitoba Prenatal Benefit and Healthy Baby Community Support Programs. This initiative supports women during pregnancy and the child's infancy (up to the age of 12 months) with financial assistance, social support and nutrition and health education.

Healthy Baby Community Support Programs are designed to assist pregnant women and new parents in connecting with other parents, families and health professionals to ensure healthy outcomes for their babies. Community programs offer family support and informal learning opportunities via group sessions and outreach. Delivered by community-based partners, the programs provide pregnant women and new parents with practical information and resources on maternal/child health issues, the benefits of breastfeeding, healthy lifestyle choices, parenting tools and strategies, infant development and strategies to support the healthy physical, cognitive and emotional development of children. During 2004/05, the Healthy Baby Community Support Program funded a total of 29 agencies serving approximately 85

communities and neighbourhoods province-wide. The program models vary and continue to evolve to meet local community needs.

The *Manitoba Prenatal Benefit* was modelled after the National Child Benefit. Manitoba is the first province in Canada to extend financial benefits into the prenatal period and to include residents of First Nations on-reserve communities. Pregnant women and teens with a net family income of less than $32,000 a year are eligible for a monthly financial benefit commencing in the second trimester of pregnancy. Benefit amounts are provided on a sliding scale, to a maximum of $81.41 monthly. In 2004/05, the benefit was provided to 4,428 eligible women in Manitoba during their pregnancies. From the program's inception in July 2001 to March 31, 2005, a total of 17,660 women have received benefits.

In April 2002, the Healthy Baby milk program was introduced as an incentive to draw women to community programs. By attending a Healthy Baby Community Support program, women are eligible to receive milk coupons for up to four litres of milk per week. Healthy Child Manitoba generic milk coupons can be redeemed at participating stores across Manitoba. At the end of the 2004/05 fiscal year, more than 200 stores across Manitoba were participating in the Healthy Child Manitoba milk coupon redemption program. Milk coupon usage has increased by 16% since 2003/04 and has tripled since April 2002.

Early Childhood Development / Home Visiting Supports

Home visiting programs have demonstrated value in supporting families to meet the early developmental needs of their children. These programs employ paraprofessionals who receive in-depth training in strength-based approaches to family intervention. Home visiting programs aim to ensure physical health and safety, support parenting and secure attachment, promote healthy growth, development and learning, and build connections to the community.

Healthy Child Manitoba is prioritizing the integration of its two established home visiting programs: BabyFirst and Early Start. Integrating these programs will provide seamless home visiting services for families with children from infancy to school entry. Anticipated benefits of this program include a community-based approach which builds on the strengths of both programs, consistency of training and supervision for home visitors, improved access for families as other community partners may make referrals to the integrated program, continuity of home visiting supports and a sound infrastructure with program delivery and quality assurance managed by the RHAs.

In 2003/04, the integrated model was piloted in three regions: Burntwood, Central and the Marquette region of Assiniboine with the RHA's overseeing administration and program delivery. With the successful implementation in the initial three regions, Healthy Child Manitoba announced **Families First** as the new name for the integrated program in December 2004. The integrated program continued to expand to additional regions in 2004/05. Regions with existing Early Start resources (Interlake, North Eastman, Parkland and Winnipeg) began to explore the benefits of the integrated model. By March of 2005, the integrated program was being delivered in Interlake, North Eastman and Parkland.

Families First is offered through the RHAs in Manitoba and it provides a continuum of home visiting services for families with children, pre-natal to school entry. Public health nurses (PHNs) complete the screening process with all new births (over 12,000 births annually). Families identified through the screening process are offered an in-home Parent Survey (2,600 families annually) focusing on parent-child attachment, challenges facing the family, current connection to community resources, and personal and professional support. In 2004/05, increased funding allowed for an additional 5% increase in the number of in-depth assessments of families screened at-risk.

In 2004/05, Healthy Child Manitoba provided funding to RHAs to employ 142.2 equivalent full-time (EFT) home visitors and 40.1 EFT PHNs. This included increased funding to hire an additional 13 EFT home visitors. As a result, an additional 200 families received home visiting support. As of March 31, 2005, the number of families able to receive Families First home visiting rose to 1,570.

The Families First Program Evaluation highlights were distributed in March 2005. The evaluation suggests that the universal screening and in-depth assessment processes are successful in identifying families that are most in need of home visiting and other supports. After being in the program for one year, families have improved parenting skills and are more connected to their communities.

Support for Training and Professional Development

Healthy Child Manitoba ensures all home visitors and home visitor supervisors working with families and children in the home visiting programs receive comprehesive basic training and ongoing re-training opportunities to continually improve program outcomes and ensure job satisfaction.

Staff are trained in the **Growing Great Kids** curriculum, a parenting and child development curriculum that focuses on the integration of the relationship between parents and their child, with comprehesive child development information, while incorporating the family culture, situations and values specific to each parent. The curriculum aims to foster empathic parent-child relationships while also guiding staff in their efforts to provide strength-based support to families.

All home visitors and their PHN supervisors receive core training which prepares them to work with families from a strength-based solution focused approach. In March 2004, in partnership with Great Kids Inc., Healthy Child Manitoba began the process of training one of our province's PHNs to deliver the Core Parent Survey Training. This enables Healthy Child Manitoba to train PHNs locally to complete the parent survey, thereby significantly reducing purchased training costs. Ongoing training for home visitors and supervisors improves outcomes for children and families and ensures job satisfaction of employees.

All provincial program staff are also trained in the **Manitoba Curriculum for Training Home Visitors** which includes training in child development and parenting, safety and well-being, child abuse and neglect, and family violence.

Additionally, staff receive training in the **Nobody's Perfect Parenting Program** and **Bookmates Family Literacy Training**. Nobody's Perfect is a community-based program designed to support the development of healthy children by increasing the confidence, skills, knowledge and support available to parents. Bookmates enhances family literacy through raising parental and community awareness about the importance of reading to infants and young children. Healthy Child Manitoba provides grant support to Bookmates Inc. to deliver training workshops in literacy development, and to Youville Centre to co-ordinate training opportunities in Nobody's Perfect parenting workshops. The majority of new home visitors receive both types of training.

Francophone ECD – Hub Model

In 2004/05, Healthy Child Manitoba provided an incremental funding increase to support the further development of the Francophone ECD – Hub Model. This model is designed to provide a comprehensive and co-ordinated approach to planning and delivering services to Francophone children under the age of 6 years and their families. Two pilot school sites (one urban and one rural) were selected for consultation and implementation. Matching funds, from the federal government under the Canada/Manitoba Agreement and under the *New Momentum for Canada's Linguistic Duality, the Action Plan for Official Languages*, support this initiative. The overall goal is to ensure that ECD provincial programs are accessible to all Manitobans. This model provides the necessary school conditions to "level the playing field" for young francophone children entering the school system.

FASD Prevention and Support

Healthy Child Manitoba's work to address fetal alcohol spectrum disorder (FASD) is accomplished through public education and awareness, prevention and intervention programs, and support services to caregivers and families. Healthy Child Manitoba supports partnerships in the community with organizations such as the Coalition on Alcohol and Pregnancy and the Fetal Alcohol Family Association of Manitoba to advance these goals.

An interdepartmental committee comprised of representatives from Healthy Child Manitoba's partner departments continued its work to develop a comprehensive provincial strategy for reducing the number of children born with FASD and develop supports for those already affected.

Stop FAS

Stop FAS is a three-year mentoring program for women at risk of having a child with FASD. Based on a best practice model, the program uses paraprofessional home visitors to offer consistent support to help women obtain drug and alcohol treatment, stay in recovery, engage in family planning, utilize community resources and move toward a healthy, stable, independent lifestyle.

Following the success of the two original Winnipeg sites, located at the Aboriginal Health and Wellness Centre and the Nor'West Co-op Community Health Centre, Stop FAS was expanded to Thompson and The Pas in late 2000, where they are administered respectively by the Burntwood RHA and the Nor-Man RHA.

In 2004/05, the Stop FAS program had the capacity to serve up to 150 women: each Winnipeg site employed 3 mentors and served up to 45 women; and each northern site had 2 mentors and served up to 30 women.

Canada Northwest Fetal Alcohol Spectrum Disorder (FASD) Partnership

A collaborative venture of four provinces and three territories, the Canada Northwest FASD Partnership maximizes efforts, expertise and resources to prevent and respond to the needs of FASD across jurisdictions. In November 2001, British Columbia joined the partnership of Manitoba, Alberta, Saskatchewan, Yukon, Northwest Territories and Nunavut and the group was renamed the *Prairie Northern Pacific FAS Partnership (PNPFASP)*. In February 2003, Partnership Ministers decided to change the name to Canada Northwest Fetal Alcohol Spectrum Disorder (FASD) Partnership to increase the Partnership's profile as a Canadian initiative.

In February 2005, the Canada Northwest FASD Partnership Ministers met in Victoria to continue to collaborate on common approaches and strategies, while realizing their vision to establish a FASD Research Network for the western provinces and territories. The goal of this network is to build a common agenda for research in western/northern Canada that will foster an environment for undertaking evidence-based research that supports the development of sound clinical and preventative practices. The work of the FASD Research Network will be guided by the newly appointed Board of Directors with administrative services provided by the Provincial Health Services Authority of British Columbia. The Canada Northwest FASD Partnership hosts a research symposium or a national conference in alternating years.

FAS Information Manitoba

In 2004/05, Healthy Child Manitoba, along with Health Canada, continued to support this provincial toll-free telephone line for FASD information and support. Managed by Interagency FAS, a community service organization expert in the field, FAS Information Manitoba (1-866-877-0050) was

set up in 2001/02 to disseminate information and to provide strategies and support to individuals, families and professionals dealing with alcohol-related disabilities, and to link them to community-based services.

Screening for Prenatal Alcohol Use

Since 2003/04, additional funding has been provided for a universal screening process for the collection of more relevant data on the prevalence of alcohol use during pregnancy. As part of the screening process, PHNs now ask all women (who deliver a baby in a Manitoba hospital) about their use of alcohol during pregnancy including the frequency of alcohol use and the amount of alcohol consumed. The information collected will help Manitoba plan and target program resources and measure the impact of FASD prevention work. Preliminary results suggest that 14% of women in Manitoba drank alcohol during their pregnancy.

Support in the Classroom for Students with FASD

The purpose of this program is to refine a model to enhance the school experience and outcomes for children with FAS and other alcohol-related disabilities in the Winnipeg School Division. A partnership involving HCMO, Manitoba Education, Citizenship and Youth, and the Winnipeg School Division continued their efforts to identify, review and disseminate best academic and behavioural practices for students with FASD in grades four to six.

School-Aged Programming

Healthy Child Manitoba continues to partner with the education sector to facilitate and support progress towards positive health and education outcomes for all students.

Healthy Schools

Healthy Schools is Manitoba's comprehensive school health initiative designed to promote the health of school communities. The initiative recognizes that good health is important for learning and that schools are in a unique position to positively influence the health of children, youth, and family development. Under the auspices of the Healthy Child Committee of Cabinet, Healthy Schools is a partnership between Manitoba Health/Healthy Living, Manitoba Education, Citizenship and Youth, and Healthy Child Manitoba, with Healthy Living assuming the lead role.

Healthy Schools is focused on six priority health issues within the context of the school community including: physical activity, healthy eating, safety and injury prevention, substance use and addictions, sexual and reproductive health, and mental health. The Healthy Schools framework includes three main components: promoting *targeted provincial campaigns* in response to issues affecting the health and wellness of the school community; promoting *community-based activities*; and developing *provincial resources*; as well as conducting ongoing *evaluation*.

As part of the initiative, targeted provincial campaigns (e.g., safety/injury prevention, healthy eating, physical activity) were introduced to address priority issues affecting the health and wellness of the school community. All schools within Manitoba were offered funding to undertake specific activities related to these campaigns. In 2004/05, Healthy Schools sponsored a mental health promotion campaign. A total of 406 schools received funding to undertake an activity related to mental health promotion. From the completion of the first Healthy Schools campaign to the most recent, there has been a 19% increase in participation by schools.

In the fall of 2004, each school division/district within Manitoba received funding to dedicate to Healthy Schools *community-based activities*. Work has included bringing together representatives within each local school community (e.g., school divisions, community organizations, students and

parents) to identify priority needs within their region and to begin addressing these identified priorities.

A Healthy Schools website has been created to help support school communities in promoting health and is expected to be launched in the Fall of 2005. Web-based materials have been prepared and other resources, based on the six Healthy Schools priority areas are being developed.

A baseline survey was developed and it will report on schools' knowledge and integration of the Healthy Schools concept and what they are doing to promote Healthy Schools. The information resulting from the baseline survey will be used to understand the overall strengths and challenges for Manitoba schools in terms of contributing to the health and well-being of children.

Roots of Empathy

Roots of Empathy (ROE) is a classroom-based parenting program that aims to increase prosocial behaviour and reduce bullying through the fostering of empathy and emotional literacy. In the long term, the goal of ROE is to build the parenting capacity of the next generation of parents.

ROE involves children in classrooms from kindergarten to grade 8. Certified ROE instructors deliver the curriculum, approved by Curriculum Services Canada, in the same classroom, three times a month for the school year. The heart of the program is a neighbourhood infant and parent(s) who visit the classroom once a month.

By the end of the school year, students have become attached to "their baby" and have learned to observe and understand health and safety issues, such as proper sleep position, the complete dependence of the baby on others and measures to reduce injuries, Shaken Baby Syndrome, FASD, second-hand smoke, benefits of breastfeeding, and the stimulation and nurturance required for healthy child development. As the ROE instructor coaches children to observe and interpret the baby's feelings, students learn to identify and reflect on their own feelings, and to recognize and respond to the feelings of others (empathy), thereby strengthening emotional literacy.

Building on the success of the 2001/02 pilot of the ROE program, ROE has continued to expand within Winnipeg and throughout the province. ROE is currently in 51 schools in 9 school divisions including the FASD classroom of Winnipeg School Division, which is a national pilot application of the program. In the 2004/05 school year, ROE was delivered by 52 certified instructors in 55 classrooms (K to 8) across Manitoba. There are between 1,100 to 1,200 students in the program.

Mentoring Interventions

Healthy Child Manitoba continued to support mentoring programs both within and outside of Winnipeg: Big Brothers and Big Sisters (BBBS) of Winnipeg – In School Mentoring Program; BBBS of Brandon; BBBS of Portage la Prairie; BBBS of Winkler; and New Friends Community Mentorship programs in the Lac du Bonnet and Pinawa area.

COACH

Healthy Child Manitoba supports COACH, a 24-hour wrap around program at home, school and in the community for 5 to 11 year old children with extreme behavioural and emotional, social and academic issues. COACH is provided to children who are involved with Child and Family Services and who reside in the Winnipeg School Division. The program runs for 12 months of the year and provides both education and family-based components as well as community socialization, aimed at returning students to an educational setting where they can function with adequate supports. The day program includes family support and community activities.

Healthy Adolescent Development

Healthy Child Manitoba continued to work with community agencies, service providers and health professionals to offer strategies and interventions that reduce risk factors for young people, including reducing the likelihood that they will become teen parents.

In 2004/05, work continued on the development of a provincial approach to Healthy Adolescent Development, incorporating harm reduction strategies for risk behaviours and principles of population health, with knowledge of best practice models.

Program categories under the umbrella of Healthy Adolescent Development include the following:

School-Based Primary Health Care

Healthy Child Manitoba funds the Elmwood Teen Clinic, an after-hours, school based primary health care facility at Elmwood High School. The Clinic addresses the general health and well-being of students and neighbourhood youth, including reproductive health issues. It has an active client base of about 462 teens from all regions of Winnipeg. The majority of the clients are from the River East/Elmwood and Transcona areas; however, other clients from various areas of the city, including close rural communities, have accessed the clinic. The clinic sees, on average, between 15 and 30 clients during its 4 hours of operation every week. Results from a 2003 client satisfaction survey were very strong with over 96% of respondents indicating satisfaction with service. A subsequent process evaluation indicated that components of the model including an effective triage system, appropriately trained and qualified staff, and appropriate and committed community partnerships all contributed to the success of the Elmwood Teen Clinic. Based on the success and interest in the Elmwood Teen Clinic, Healthy Child Manitoba will look to expand the model to another high school using community partnerships.

Health and Wellness Promotion

Healthy Child Manitoba extends support to community-based agencies to support the healthy development of adolescents including those which emphasize the direct involvement of youth in identifying their own issues and developing their own solutions. The Youth Opportunity Project, developed by Community Education Development Association, gives selected at-risk, high school students opportunities for education, community service and employment/training as a strategy for improving the quality of young people's lives within inner city communties.

Klinic's Teen Talk is a comprehensive health promotion program designed to empower youth to make healthy lifestyle choices. Components of these programs included the use of community role models and elders, and an emphasis on peer mentoring to facilitate youth leadership, issue ownership and decision-making. In 2004/05, Teen Talk served over 13,900 youth through workshops such as those on sexuality and reproductive health. A new curriculum on drug and alcohol use/misuse was added. The Teen Touch 24-hour province-wide telephone help line for youth continued to respond to over 25,000 calls.

Healthy Child Manitoba provides support to the Adolescent Parent Interagency Network (APIN), a partnership of agencies and professionals in Manitoba whose goal is to facilitate the sharing of information related to services and resources for pregnant and parenting teens. In 2003, members of the APIN Steering Committee and Healthy Child Manitoba launched "Your Choice, For Your Reasons," a resource package on pregnancy options for young women. A video, service provider handbook, and brochures were distributed to over 300 organizations across Manitoba. This resource package explains all three pregnancy options available to pregnant Manitoba teens and response to this new resource has been extremely positive. Many organizations report they are incorporating it into their own internal training programs.

Community Capacity Building

Healthy Child Manitoba also assists communities in building local capacity to support children and families. The following are examples of organizations which received funding from this program category in 2004/05:

Support was provided to the Canadian Council on Social Development to host a national conference on the politics, policies and priorities of child care in Canada. **Child Care For a Change!** was held in Winnipeg on November 12 - 14, 2004. It had been over 20 years since the previous national conference on child care was held also in Winnipeg. Hosting the 2004 conference in Winnipeg was a way to acknowledge national and local progress and an ideal place to discuss public commitment to child care. Several high profile speakers and presenters participated. The conference was viewed as an important opportunity to influence the federal government's proposed Early Learning and Child Care initiative.

Bookmates is a non-profit organization that uses a train the trainer model to build skill in the community to enhance literacy development in children, families and the community. Literacy training is offered by Bookmates to Healthy Child Manitoba programs throughout the province through Families First and parent-child centred activities. The new **Scribbles Program** received support to develop resources and training that will increase the capacity of community members or volunteers to deliver literacy programming and at the same time ensure that children participate in developmentally appropriate and stimulating activities.

Manitoba Theatre for Young People (MTYP) received support for its Aboriginal Theatre Arts Training and Mentorship Program and *Dying To Be Thin* production. MTYP is a celebrated children's theatre company and regarded as a national leader in social issue educational theatre for young audiences. The Aboriginal Arts Training and Mentorship Program provides free acting, performing, and film training classes to over 100 of Winnipeg's Aboriginal youth between the ages of 9 and 18 years. The program has partnered with the National Arts and Youth Demonstration Project, a three year study by McGill Universities School of Social Work that explored whether involvement in community-based arts programming in five Canadian cities has positive outcomes for children and youth.

The *Dying To Be Thin* production told the story of a young girl and how she falls into a pattern of disordered eating. Over 21,000 parents, teens and educators saw the show as it was sold out in Winnipeg and throughout Manitoba.

Optimal Health Early Years Sports Club (OHEYS) provides an integrated, community-focused skill development and physical activity program delivered by an extensive community volunteer network. The program is offered to typically developing children and to children with motor development challenges, particularly autism. The program helps special needs children integrate socially and physically with their peers through intensive one-to-one skill development, and through an appropriate combination of small and large group co-operative and competitive games. Physical activities include innovative relationship development strategies.

HEALTHY CHILD MANITOBA POLICY DEVELOPMENT, RESEARCH AND EVALUATION

OVERVIEW OF HEALTHY CHILD MANITOBA PROVINCIAL EVALUATION STRATEGY

The HCMO **Policy Development, Research and Evaluation (PDRE)** staff work with cross-sectoral partners to (a) inform and support Healthy Child Committee of Cabinet policy accountability, and (b) build capacity for research and evaluation, through all stages of the evaluation process: consultation, evaluation framework development, evaluation implementation, and community knowledge exchange.

During 2004/05, the Healthy Child Manitoba Provincial Evaluation Strategy continued to focus on measuring progress in child-centred public policy and assisting the Government of Manitoba in developing the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba's children, families and communities.

The Healthy Child Manitoba Provincial Evaluation Strategy includes five major components:

(1) community data initiatives;
(2) provincial program evaluations;
(3) population-based research;
(4) specialized evaluations; and,
(5) community capacity building and knowledge exchange.

In 2004/05, Manitoba released the second Early Childhood Development Report. This second report also meets the public reporting commitments of the March 2003 Multilateral Framework on Early Learning and Child Care (ELCC) and showcases Manitoba's Child Day Care program.

COMMUNITY DATA INITIATIVES

The purpose of Healthy Child Manitoba community data initiatives is to inform: (a) the delivery, monitoring, and evaluation of Healthy Child Committee of Cabinet policies and programs; and (b) research and planning that relates to Healthy Child Committee of Cabinet policies and programs.

An example of an ongoing community data initiative is the Early Development Instrument (EDI). Funded and coordinated by HCMO, the EDI is being phased in on a voluntary basis in school divisions across Manitoba to measure the relative success of communities in facilitating healthy early childhood development and to predict children's "readiness to learn" in school when entering grade one. In 2004/05, 31 of 38 school divisions (over 8,800 students) participated in the provincial implementation.

PROVINCIAL PROGRAM EVALUATIONS

Provincial program evaluations provide information for cross-sectoral policy and program decision-making. Building on the findings from a small number of intensively studied research sites (Families First, Stop FAS), provincial programs are extensively evaluated in multiple sites with a large number of families, using quantitative data collection and analysis. Results of provincial program evaluations provide information on program effectiveness, key program components and program efficiency, toward program improvement. Provincial program evaluations assess and provide knowledge on cross-sectoral outcomes for Healthy Child Manitoba goals:

- physical and emotional health;
- safety and security;
- success at learning; and
- social engagement and responsibility.

As an example of an ongoing provincial program evaluation is Families First, the integration of BabyFirst and Early Start home visiting programs. In 2004/05, initial outcome results were released. Based on a sample of 250 families (187 families in the program and 63 companion families not in the program), the results indicated that after 1 year, the home visiting program improved parental well-being, increased positive parent-child interaction, and increased families connections to their communities and community health and social services.

For more information, please see:

http://www.gov.mb.ca/healthychild/familiesfirst/evaluation.html

POPULATION-BASED RESEARCH

Population-based research explores questions regarding child, family and community development, and longitudinal and cohort effects of universal, targeted and clinical interventions. Research results provide new knowledge to support policy development and program planning and to determine the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba's children, families and communities.

As an example of a population-based research study is the 1997 Manitoba Birth Cohort Study, which follows the influences of early learning and child care on the development of 635 children growing up in rural and francophone communities in Manitoba. In 2004/05, initial results from the first study phase (children at age 3 years) were released in November 2004 at the national *Child Care for a Change!* policy conference in Winnipeg.

For more information, please see:

http://www.gov.mb.ca/healthychild/ecd/cohort_study_reports.html

SPECIALIZED EVALUATIONS

Specialized evaluations provide information on a specific intersectoral area of focus or issue. Policy questions are intensively studied in selected sites. Specialized evaluations are time-limited and involve a single site and/or a promising program that is currently underway. Results of specialized evaluations provide outcome information on promising programs, toward establishing local best practice models in Manitoba communities.

COMMUNITY CAPACITY BUILDING AND KNOWLEDGE EXCHANGE

Capacity building and knowledge exchange includes HCMO consultation, education, training, supervision and technical expertise to assist civic, academic and government communities to:

- plan, implement and evaluate programs and services for children and families;
- measure and monitor outcomes at the community level;
- develop local best practice models for the enhancement of family and community resilience;
- ensure sustainable intersectoral outcomes for Manitobans; and
- share knowledge on children's development with communities.

Recent examples include participation in the following local, provincial and national committees:

- the Community Data Network;
- the Community and Economic Development (CED) Committee of Cabinet Working Group;
- the Sustainability Indicators Working Group;
- the Understanding the Early Years (UEY) Steering Committee;
- the Child and Adolescent Development Task Group of the F/P/T Advisory Committee on Population Health and Health Security (ACPHHS);
- the F/P/T Pan-Canadian Integrated Healthy Living Strategy Working Group;
- the F/P/T Early Childhood Development (ECD) Working Group;
- the F/P/T ECD Committee for Knowledge, Information, and Effective Practices;
- the F/P/T Early Learning and Child Care (ELCC) Working Group;
- the Advisory Committee of the Centre of Excellence for Early Childhood Development (CEECD);
- the Partners Committee of the Canadian Language and Literacy Research Network (CLLRNet), and:
- the Board of Advisors for the Invest in Kids Foundation.

The HCMO is regularly invited to deliver presentations at local, provincial, national and international conferences. In 2004/05, these included:

- the *Building a Comprehensive Early Childhood Development System* conference, sponsored by CEECD (May 2004);
- poster presentation at the Congres de la Commission national des comites de parents; *vive en français à la petite enfance et apprendre à l'école français, y a-t-il un lien?* in Winnipeg (October 2004)
- poster presentation at the national *Child Care for a Change* policy conference in Winnipeg (November 2004);
- the *First Five Years Last Forever* conference sponsored by HCMO and the Winnipeg RHA in Winnipeg (December 2004).

In addition to the five components of the provincial evaluation strategy, a primary goal of the strategy is to facilitate a child-centred estimates and expenditures process across the Government of Manitoba.

HEALTHY CHILD MANITOBA

RECONCILIATION STATEMENT

DETAILS	2004/05 Estimates $000
2004/05 Main Estimates	22,315.2
2004/05 ESTIMATE	**22,315.2**

Appropriation 34: Healthy Child Manitoba
Expenditures by Sub-Appropriation
Fiscal Year ended March 31, 2005

Expenditure by Sub-Appropriation		Actual 2004/05 $000	Estimate 2004/05 FTE	Estimate 2004/05 $000	Variance Over/(Under)	Expl. No.
34-1A	Salaries	1,359.2	22.00	1,360.1	(.9)	
34-1B	Other Expenditures	309.5		310.5	(1.0)	
34-1C	Financial Assistance and Grants	19,948.1		20,631.2	(683.1)	1
34-2	Amortization	13.5		13.4	0.1	2
Total Appropriations		**21,630.3**		**22,315.2**	**(684.9)**	

1. Under expenditure is due to in-year expenditure management exercise.
2. Full-year requirement is in excess of the full-year allocation.

Expenditure Summary for
Fiscal Year ended March 31, 2005
with Comparative Figures for the Previous Fiscal Year

Estimate 2004/05 $000		Sub-Appropriation	Actual 2004/05 $000	Actual 2003/04 $000	Increase (Decrease)	Expl. No.
1,360.1	34-1A	Salaries	1,359.2	1,276.2	83.0	
310.5	34-1B	Other Expenditures	309.5	398.0	(88.5)	
20,631.2	34-1C	Financial Assistance and Grants	19,948.1	19,255.5	692.6	1
13.4	34-2	Amortization	13.5	11.2	2.3	
22,315.2	**Total Expenditures**		**21,630.3**	**20,940.9**	**689.4**	

1. The variance is primarily due to increased uptake in programs provided.

Historical Expenditure and Staffing Summary by Appropriation ($000) for Fiscal Years Ending March 31, 2001 - March 31, 2005

Actual Appropriations

Sub-Appropriation	2000/01		2001/02		2002/03		2003/04		2004/05	
	SY	$	SY	$	SY	$	SY	$	SY	$
34-1A Salaries	19.00	1,044.7	22.00	1,118.1	22.00	1,191.1	22.00	1,276.2	22.00	1,359.2
34-1B Other Expenditures		381.7		450.6		411.1		398.0		309.5
34-1C Financial Assistance and Grants		9,964.4		13,687.8		18,260.2		19,255.5		19,948.1
34-2 Amortization		36.7		36.4		25.6		11.2		13.5
Total	**19.00**	**11,427.5**	**22.00**	**15,292.9**	**19.00**	**19,888.05**	**22.00**	**20,940.9**	**22.00**	**21,630.3**